Official Use Only

|____|____|____|____|

Mail Entries and make check payable to (Do not send cash):

New Bedford Half Marathon,
P.O. Box 79546,
N. Dartmouth, MA 02747-0988
Race Phone: 508-993-1774

First Name (please print) **Middle Initial** **Gender M/F** **Age-Day of Race**

|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__| |__| |__|__|__|

Last Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Street Address

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City/Town

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

State **Zip Code** **Area Code** **Home Phone**

|__|__| |__|__|__|__|__| |__|__|__|-|__|__|__|-|__|__|__|__|

USATF Team/Individual Number
|__|__|__|/|__|__|__|__|__|__|__|__|__|__|__|__|

USATF Team Name

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Email Address
_____

Entry Fee: _____ **($30 prior to 3/1, $40 thereafter)**

T-Shirt (to 1st 1,000 orders): _____ **($10 each prior to 3/1, $15 thereafter)**

Total: _____

T-Shirt Size ordering Please Circle if more than 1 indicate # |__| M |__| L |__| XL

Waiver: In consideration of the acceptance of this entry, I forever release the New Bedford Half Marathon Committee, the City of New Bedford, USATF New England and all other sponsors and organizers of the New Bedford Half Marathon from any claims whatsoever from my participation in this event. I attest that I am physically fit and sufficiently trained to participate in this event.

Signature _____
(parent or guardian if under 18)

DO NOT USE THIS APPLICATION FOR SATURDAY AND SUNDAY REGISTRATION.

V2006